L5 ANSWER 1 OF 3 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 95363431 EMBASE
DN 1995363431
TI Erectile dysfunction: Diagnostic and therapeutic approach.
AU Aversa A.; Rocchietti-March M.; Bonifacio V.; Caprio M.; Giannini D.; Fabbri A.; Isidori A.
CS Department of Andrology, Viale del Policlinico,00101 Rome, Italy
SO Molecular Andrology, (1995) 7/3-4 (261-273).
ISSN: 1080-806X CODEN: MOANE3
CY United States
DT Journal; General Review
FS 003 Endocrinology
028 Urology and Nephrology
037 Drug Literature Index
LA English
SL English
AB Male sexual behavior is regulated by the combined action of several hormones, the most important of which is testosterone (T). GnRH and LH play a key role in regulating **sexual desire** and potency, but their importance in contributing to the pathophysiology of male impotence is still unclear. Psychoneuroendocrine causes of erectile dysfunction are related to stress-altered secretion and/or function of the major central neurotransmitters (i.e. epinephrine, norephinephrine, opioid peptides, serotonin, dopamine, oxytocin) involved in the psychogenic regulation of erection. Studies of these alterations, which account for most of non organic causes of erectile dysfunction (about 50% out of the total causes of impotence), may be evaluated by the psychological profile (i.e. State Trait Anxiety Inventory) as well as by the measurement of biological (Bio) LH levels and of Bio/Immuno LH ratio. Organic factors account for the remaining causes of impotence and can be ruled out through an accurate evaluation of vascular, neurologic and endocrine function. Endocrine alterations (which represents about one third out of the organic causes) are evaluated by the assay of plasma total (T) and free testosterone (FT), estradiol (E), dehydrotestosterone (DHT), prolactin (PRL), thyrotropin-stimulating-hormone (TSH) and sex-hormone-binding-globulin (SHBG). The application of different procedures and current therapeutic approaches is reviewed.
CT Medical Descriptors:
*impotence: DI, diagnosis

L9 ANSWER 2 OF 10 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1996:190830 BIOSIS
DN PREV199698746959
TI Increased libido: A complication of tamoxifen therapy of male breast cancer.
AU Delaney, G. P. [Reprint author]; Langlands, A. O.
CS Div. Radiation Oncol., Westmead Hosp., Darcy Rd., Westmead, NSW 2145, Australia
SO Breast, (**1996**) Vol. 5, No. 1, pp. 53-54.
ISSN: 0960-9776.
DT Article
LA English
ED Entered STN: 2 May 1996
Last Updated on STN: 2 May 1996
AB This is a clinical report of a male patient with breast cancer who developed the unusual side-effect of significantly increased **libido** when commenced on **tamoxifen**.
TI Increased **libido**: A complication of tamoxifen therapy of male breast cancer.
SO Breast, (**1996**) Vol. 5, No. 1, pp. 53-54.
ISSN: 0960-9776.
AB. . . This is a clinical report of a male patient with breast cancer who developed the unusual side-effect of significantly increased **libido** when commenced on **tamoxifen**.
RN **10540-29-1** (TAMOXIFEN)

Ordered
7/7/04

L9 ANSWER 6 OF 10 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1983:239625 BIOSIS
DN PREV198375089625; BA75:89625
TI IMPAIRED PITUITARY RESPONSE TO BROMOCRIPTINE SUPPRESSION REVERSAL AFTER BROMOCRIPTINE PLUS TAMOXIFEN.
AU VOELKER W [Reprint author]; GEHRING W G; BERNING R; SCHMIDT R C; SCHNEIDER J; VON ZUR MUEHLEN A
CS DEP OBSTET GYNAECOL, SCH MED, HANNOVER, FRG
SO Acta Endocrinologica, (**1982**) Vol. 101, No. 4, pp. 491-500.
CODEN: ACENA7. ISSN: 0001-5598.
DT Article
FS BA
LA ENGLISH
AB It was clarified previously that resistant cases of adenomatous hyperprolactinemia to bromocriptine might be improved by additive **tamoxifen** therapy. Ten hyperprolactinemic women under bromocriptine (2.5-10 mg) with hypophyseal tumors of different extent were treated with a combined therapy of bromocriptine and **tamoxifen** (10-20 mg). Two had undergone incomplete resection of chromophobe adenomata. The others refused surgery or irradiation. Two other women without basal therapy because of side effects from bromocriptine, received the combined therapy from the beginning of the study. In 6 of 10 women the addition of **tamoxifen** resulted in a marked suppression of prolactin serum values. Amenorrhea and galactorrhea ceased in 4. One woman conceived. One reported a marked improvement of **libido**.
One stated that side effects under bromocriptine disappeared through the addition of **tamoxifen**. The 2 women who previously were suffering from side effects were able to take bromocriptine when **tamoxifen** was added. Four patients were non-responders. Serum prolactin remained unchanged as well as the clinical follow-up. The effectiveness of the combined therapy was not related to the extent of the tumor or to the clinical or biochemical baseline data. The suppressive effect of bromocriptine on prolactin secretion is enhanced by the addition of **tamoxifen** in most cases of adenomatous hyperprolactinema.
Side effects of bromocriptine are considerably reduced. Anti-estrogens are competitive inhibitors of the binding of estradiol to the receptor. Estrogen plays an important role in the development of prolactin secreting adenomata. Apparently the anti-estrogen competes for greater or lesser concentrations of receptor sites in prolactinomata.

Ordered 7/7/04

L9 ANSWER 5 OF 10 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1993:122206 BIOSIS
DN PREV199395066306
TI The treatment of Peyronie's disease with tamoxifen.
AU Ralph, D. J. [Reprint author]; Brooks, M. D.; Bottazzo, G. F.; Pryor, J. P.
CS Inst. Urol., Middlesex Hosp., Mortimer St., London W1 8HH, UK
SO British Journal of Urology, (**1992**) Vol. 70, No. 6, pp. 648-651.
CODEN: BJURAN. ISSN: 0007-1331.
DT Article
LA English
ED Entered STN: 27 Feb 1993
Last Updated on STN: 28 Feb 1993
AB This is a preliminary study of the treatment of 36 patients with Peyronie's disease who received **tamoxifen** 20 mg twice daily for 3 months. An improvement occurred in 16 of 20 patients with penile pain, in 11 of 31 patients with an **erectile** deformity and 12 of 35 patients had a plaque shrinkage of at least 1 cm. Some improvement occurred in 6 of the 8 patients with a histologically confirmed inflammatory infiltrate of the plaque but not in any of the 4 patients without an infiltrate. The inflammatory infiltrate was found in patients in whom the duration of the disease was less than 4 months.
SO British Journal of Urology, (**1992**) Vol. 70, No. 6, pp. 648-651.
CODEN: BJURAN. ISSN: 0007-1331.
AB This is a preliminary study of the treatment of 36 patients with Peyronie's disease who received **tamoxifen** 20 mg twice daily for 3 months. An improvement occurred in 16 of 20 patients with penile pain, in 11 of 31 patients with an **erectile** deformity and 12 of 35 patients had a plaque shrinkage of at least 1 cm. Some improvement occurred in 6. . .
IT Miscellaneous Descriptors
ERECTILE DEFORMITY; INFLAMMATORY INFILTRATE; PENILE PAIN
RN **10540-29-1** (TAMOXIFEN)